## Supplemental Material:

- 2 Author contributions:
- 3 JM: designed study, oversaw clinical activities, did PCR analysis, analyzed data, edited manuscript
- 4 LC-V: conceived of study, provided A. afra PAR and A. annua BUR, managed project finances, wrote and
- 5 edited manuscript
- 6 MI: supervisor of the study, in the health centers.
- 7 LC: did statistical analyses, analyzed data, edited manuscript
- 8 PLutgen: provided A. annua LUX, edited and translated manuscript
- 9 CP: aided study design, interpreted data
- 10 NM: assisted in obtaining national research permits from the Ministry of Scientific Research
- 11 JB: Coordinator of the National Malaria Program, helped with authorization and realization of the study
- 12 BM: helped establish the ethical protocol of the study
- 13 PLalukala: Minister of Public Health of the province, helped manage the study
- 14 GM: provided A. afra SEN, established Artemisia sp. herbarium vouchers, edited manuscript
- 15 DM: helped interpret biological and molecular data
- 16 MT: did phytochemistry of Artemisia sp. samples, analyzed data, edited manuscript
- 17 PW: analyzed data, wrote and edited manuscript

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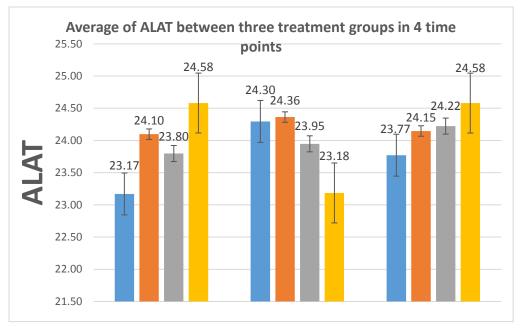
## Artemisia annua global cultivation locations:

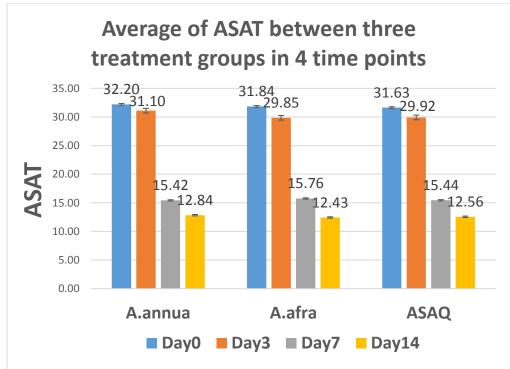
- 20 Artemisia annua is grown and will grow in all areas of the world where malaria is prevalent. Countries
- where A. annua is being grown either in commercial plantations (CP) or by small-stakeholder farmers
- 22 (SSF) include: CP, Kenya, Tanzania, Uganda, Madagascar, China, Vietnam, Brazil, Nigeria, Mozambique,
- 23 Malawi, Zambia, Senegal, Ghana, Rwanda, and South Africa (Dalrymple 2012 Artemisia annua,
- 24 Artemisinin, ACTs & Malaria Control in Africa Tradition, Science and Public Policy, Washington DC:
- 25 Politics and Prose Bookstore, 2012. Pp. xii + 253. ); SSF, in addition to the prior countries, also includes
- 26 Burkina Faso, Mali, Burundi, Togo, Gabon, RD Congo, Central African Republic, Benin, Cameroon,
- 27 Guinea, Ivory Coast, Chad, Guinea Conakry, Ivory Coast, and Congo-Brazza (La Maison de l'Artemisia,
- 28 http://maison-artemisia.org/Maison-Artemisia-Brochure-Nos-Actions.pdf accessed Feb. 22, 2018) and
- 29 from P. Lutgen, 2010: Zambia, Ethiopia, Burundi, S. Sudan, The Gambia, Rwanda). A. annua is also grown
- 30 in Pakistan, India and the USA (P Weathers and J Ferreira). Given the difficulty in delivering ACTs to
- patients in the bush/rural areas, the ability to grow this plant in small communities would be most
- 32 helpful. La maison de l'Artemisia, IDAY, Mediplant, Ritam, IFBV, ICEI, East-West Seeds, and Anamed have
- all helped spread seeds of the plant for general use.

 Table S1: Distribution of clinical signs and symptoms at time of trial inclusion.

Symptom	Artemisia N=502; n (%)	<b>ASAQ</b> N=498; n (%)	<b>Total</b> N=1000; n (%)
Fever	502 (100.0%)	498 (100.0%)	1000 (100.0%)
Headache	150 (29.8%)	140 (28.0%)	290 (29.0%)
Asthenia	89 (17.7%)	90 (18.0%)	179 (17.9%)
Anorexia	60 (11.9%)	54 (10.8%)	114 (11.4%)
Chills	130 (25.8%)	124 (24.9%)	254 (25.4%)
Arthralgia	20 (3.9%)	22 (4.4%)	42 (4.2%)
Abdominal pain	97 (19.3%)	86 (17.0%)	183 (18.3%)
Vertigo	2 (0.4%)	1 (0.2%)	3 (0.3%)
Rash	12 (2.3%)	12(2.4%)	24 (2.4%)
Pallor	22 (4.3%)	19 (3.8%)	41 (4.1%)
Cough	10 (2.0%)	8 (1.6%)	18 (1.8%)
Diarrhea	12 (2.3%)	11 (2.2%)	23 (2.3%)
Nausea	5 (0.9%)	7 (1.4%)	12 (1.2%)
Vomiting	20 (3.9%)	19 (3.8%)	39 (3.9%)
Splenomegaly	225 (44.8%)	170 (34.0%)	395 (39.5%)
Hepatomegaly	72 (14.3%)	68 (13.6%)	140 (14.0%)

## 37 ALAT and ASAT results:





**Figure S1.** ALAT and ASAT were compared between arms and no significant differences were observed. ALAT units and ASAT units are U/L.